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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90236 014 \*\*\*\*61.25

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1. Corporation Name

DEACONS' MINISTRY ALLIANCE OF ST. JOHNS COUNTY,  
INC.

Principal Place of Business

CHURCHES OF THE CITY  
ST. AUGUSTINE FL 32084  
US

Mailing Address

81 KEITH STREET  
ST AUGUSTINE FL 32095  
US



2. Principal Place of Business

21 CHURCHES OF THE CITY

Suite, Apt. #, etc.

22

City & State

23 ST. AUGUSTINE, FL.

Zip

24 32084

Country

25 ST. JOHNS

2a. Mailing Address

26 81 KEITH ST

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/22/1995

4. FEI Number

59-3362453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ROBINSON, GARY  
81 KEITH STREET  
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

GARY ROBINSON

82 Street Address (P.O. Box Number is Not Acceptable)

81 KEITH ST

83

84 City

ST. AUGUSTINE,

FL

85 Zip Code

32084

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Gary Robinson

3/8/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME DAILEY, ANTHONY  
STREET ADDRESS 55 N. WHITNEY STREET  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE DV ☐ DELETE

NAME WHITFIELD, ROBERT  
STREET ADDRESS 68 N. WHITNEY STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE DT ☐ DELETE

NAME FISHER, RAYMOND  
STREET ADDRESS 33 KNOWLTON ST  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE DAT ☐ DELETE

NAME NELSON, DAVID  
STREET ADDRESS 1008 COLLIER BLVD  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE DS ☐ DELETE

NAME ROBINSON, GARY  
STREET ADDRESS 81 KEITH ST  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Gary Robinson 3/8/99 90829-8286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)